

# Gift to Agency Report

# A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> Governor's Office Division, Department, or Region (if applicable) Street Address State Capitol Area Code/Phone Number (916) 445-0873 E-mail Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary		Date Stamp California Form <b>801</b> For Official Use Only
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)

## 2. Donor Name and Address

☐ Individual \_\_\_\_\_ ☒ Other The California Endowment  
 Last Name First Name Name  
 1000 North Alameda Street Los Angeles CA 90012  
 Address City State Zip Code  
 nonprofit organization focused on health care issues  
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.  
 If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

## 3. Payment Information

**Date and Amount of Payment** (other than travel) See Exh. A \$ See Exh. A  
 (month, day, year) (Round to whole dollars)

**Travel Payment Information** (Round to whole dollars) **Location of Travel** Los Angeles, California

<u>See Exh. A</u>	\$ <u>See Exh. A</u>	\$ <u>See Exh. A</u>	\$ <u>See Exh. A</u>	\$ <u>See Exh. A</u>	\$ <u>See Exh. A</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

### Provide a specific description of the nature and use of the payment for official agency business:

The California Endowment paid travel expenses for members of the Governor's staff who were working at the White House Forum on Health Reform on April 6, 2009 in Los Angeles, California.

### Identify the officials for whom the payment was used:

<u>See Exh. A</u>	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	<u>Susan Kennedy</u>	<u>Chief of Staff</u>	<u>5/12/09</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

## Exhibit A

## Regional Forum on Health Care Reform

[illegible]